

Rufus Appleby

Town

County

Died at

MARYLAND

Unionville

Frederick

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

Sept. 1

Age

70 x 9

Md

Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

8

Husband

of

Wife

Martha

Fether's

Name

Walter Appleby

Mother's

Maiden Name

Deborah Matties

Cause of

Primery

Typhoid fever

How long sick

10 days

Death

Immediate

Perforation of bowels

Accident, Suicide, Homicide

Reported by

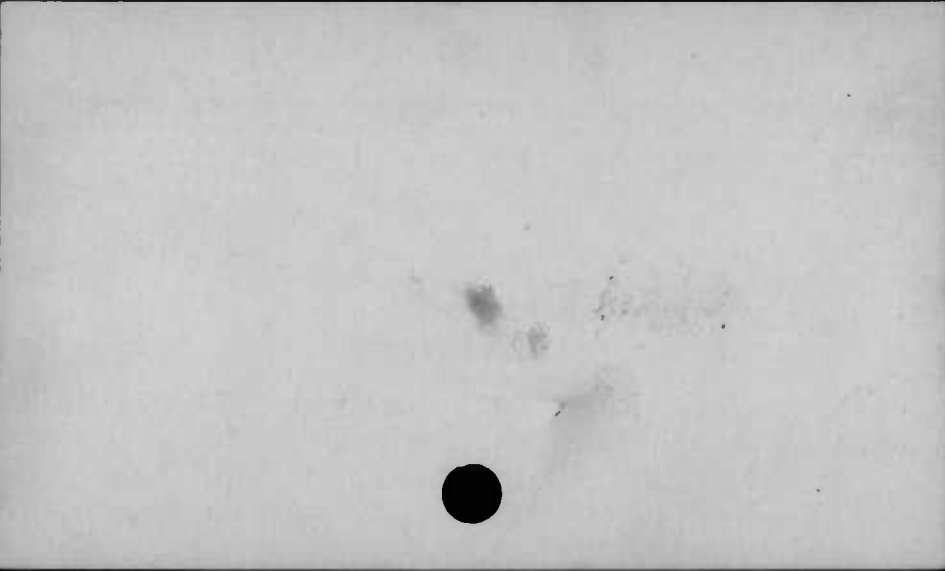
Thomas P. Subbington M.D.

Address

Unionville

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at Chr & Ayres Town 13 Runnmet County Frederick MARYLAND

Date 1902 Month Sept Day 20 Age 82 Y. M. D. Native of Key Occupation Labourer
 Male White Married Widow ~~Divorced~~ 8
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of Mary Ayres
 Wife of Chr Ayres
 Father's Name Chr Ayres Mother's Name
 Cause of Death { Primary Typhoid Fever Immediate Stomach
 How long sick 3 weeks
 Reported by Lavin West Frederick Co
 Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1900



Name in Full

Certificate of Death

John Grannell Baker
 Town Brunswick County Fredericks
 Died at MARYLAND

Date 1902 Sept. 18 Age 21 10 28
 Month Day Y. M. D. Native of Occupation
 Male White ~~Married~~ Widow Divorced ~~Widow~~ ~~Number of children living~~
~~Female~~ ~~Colored~~ Single ~~Widower~~

Husband of
 Wife

Father's Name Jno. W. Baker Mother's Maiden Name Mary M. Homer

Cause of Death { Primary Meningitis
 Immediate Exhaustion
 How long sick 17 days
 61
~~Suicide, Homicide~~

Reported by Ann West
 Address Brunswick Fredericks C.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Lorale Belb-

Died at ^{Town} Pleasant-Walk ^{County} Fred - MARYLAND

Date 1902 ^{Month} Sept- ^{Day} 19 ^{Y.} 46 ^{M.} 10 ^{D.} 21 ^{Native of} ^{Occupation}

^{Male} ^{White} ^{Married} ^{Widow} ^{Divorced}

^{Female} ^{Colored} ^{Single} ^{Widower} ^{Number of children living} 5

Husband ^{of} Anna Docher

Wife

Father's Name Sam'l Belb- Mother's Maiden Name Mahala Garnaud

Cause of ^{Primary} Typhoid Pneumonia ^{How long sick}

Death ^{Immediate} Heart-Failure ^{Accident, Suicide, Homicide}

Reported by L. L. Davis

Address Boonsboro Md



Name in Full

Certificate of Death

Henry Bohm

Town

County

Died at

Johnsville Frederick

MARYLAND

Date

1902 Sept. 14th

Age

68 8 3

Native of

Md

Occupation

Farmer

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

4

Husband

of

Wife

Father's

Name

Louisa Yonishins

Mother's

Name

Elizabeth Smith

Cause of

Primary

Typhoid Fever

How long sick

2 weeks

Death

Immediate

Hemorrhage of bowels

~~Accident, Suicide, Homicide~~

Reported by

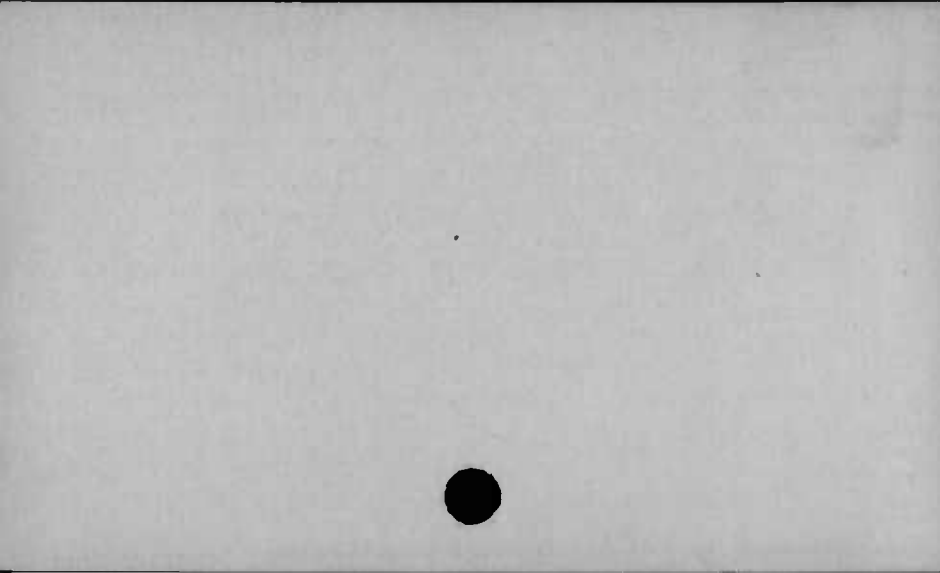
F. H. Siskind

Address

Johnsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name In Full

Certificate of Death

Clara May Butler

Town

County

MARYLAND

Died at

Emmitsburg Frederick

Occupation

Date 1902

Month

Day

Y.

M.

D.

Native of

Sept. 20

Age

11 4 11

Maryland

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband
of
WifeFather's
Name

Mother's

Augustus Butler

Maiden Name

Lucy A Hendricks

Cause of

Primary

How long sick

3 weeks

Death

Immediate

Gastric Catarrh

104

Accident, Suicide, Homicide

Reported by

Robert L. Arman M.D.

Address

Emmitsburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Warren Carter

Town

County

Died at

Knopville

Fredericks

MARYLAND

Date 189

2

Month

Day

Y.

M.

D.

Native of

Occupation

Sept 16

Age 26

Md

Laborer

Male

White

Married

~~Widow~~Divorced~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband

of

Edith Polhamus

Wife

Father's

Name

Dont know

Mother's

Name

Jennie Sears

Cause of

Primary

Typhoid Fever

How long sick

3 weeks

Death

Immediate

Peritonitis

Accident, Suicide, Homicide

Reported by

A.G. Horine

MD

Address

Brunswick

Md.



Bessie Costley

Died at ^{Town} Mt Pleasant ^{County} Frederick MARYLAND

Date 1903 ^{Month} Sep ^{Day} 4 ^{Y.} 11 ^{M.} 8 ^{D.} 3 ^{Native of} Maryland ^{Occupation}

^{Male} ^{White} ^{Married} ^{Widow} ^{Divorced}

^{Female} ^{Colored} ^{Single} ^{Widower} ^{Number of children living}

Husband of Charles Costley

Wife of Charles Costley

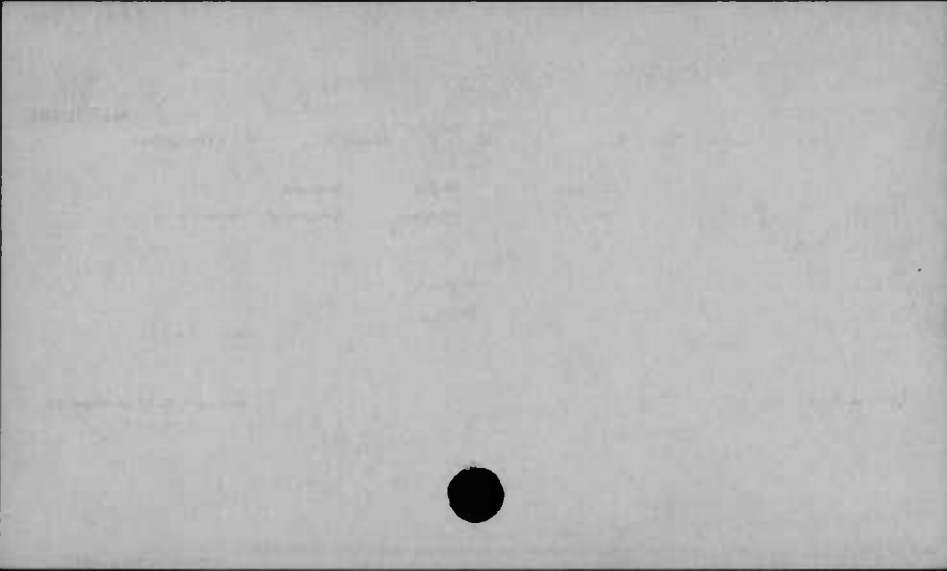
Father's Name Charles Costley Mother's Name Ella Costley

Cause of Death { Primary Pulmonary Consumption How long sick

Death { Immediate Prostration Accident, Suicide, Homicide

Reported by W E Stern

Address Mt Pleasant Maryland



Name in Full

Certificate of Death

Died *Vernon W. Dorsey* No. 12
Town *New London* County *Fredricks Co.* MARYLANDDate 1902 Sep 24
Month Day Y. M. D. Native of Occupation
Age 72, 5, 5 Md. Farmer
Male White Married Widow Divorced
Female Colored Single Widower Number of children living 4Husband of *Mary Dorsey*
Father's Name *Harry Dorsey* Mother's Maiden Name *Sarah Watkins*Cause of Death { Primary *Angina Pectoris,* How long sick *Suddenly*
Immediate *Sudden.* Accident, Suicide, HomicideReported by *Echison & Co* 80Address *Fredricks Co Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Ralph Chapman Estep.

Town

County

Died at

Date 1902.

Date

Male

~~Female~~

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Liberty

Month

Day

Sep 20

Age

Married

~~Single~~

Y.

M.

D.

4 10 11

Native of

W. Va

~~Widow~~~~Widower~~~~Divorced~~~~Number of children living~~

MARYLAND

~~Occupation~~

Mother's

Name

Caroline E. Davis

How long sick

From birth.

~~Accident, Suicide, Homicide~~

Primary

Immediate

Typhoid Mesenterica

Exhaustion.

J. Thomas Smith

Liberty Town Md.



Flora Forrest

Town

County

Garfield

Frederick

MARYLAND

Died at

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Sept 24

Age

9-17

Md

Infant

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband
of

Wife

Father's

Name

Samuel Forrest

Mother's

Maiden Name

Alveta Stattenmeyer

Cause of

Primary

Whooping Cough &

How long sick

Two weeks

Death

Immediate

Catarrhal Pneumonia

~~Accident, Suicide, Homicide~~

Reported by

A. J. Smith M.D.

Address

Wellsville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Infant child of Florence Foster

Town

County

Died at Brunswick

Frederick

MARYLAND

Date 1902 Sept 20

Month Day

Age

Y. M. D.

14

Native of

Ma

Occupation

Infant

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widow~~

Number of children living

Husband
of
WifeFather's
Name Not KnownMother's
Maiden Name Florence Foster

Cause of Primary

Death Immediate

bowen's lung

How long sick

10 days

Accident, Suicide, Homicide

Reported by

H. Hedges MD
Brunswick

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date

Town

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

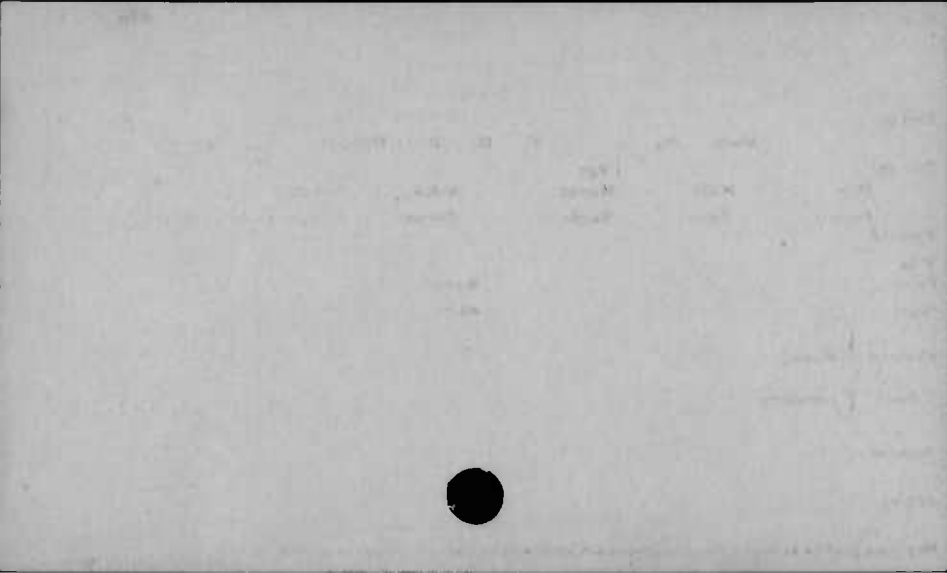
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85968



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 1902

Month Day
Sept. 14thY. M. D.
35-6-26

Native of

Occupation

Md

Cigar maker

Male

White

Married

Widow

~~Divorced~~

Number of children living

3

Husband of

~~Wife~~

Father's Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

about one year

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Charles E. Gooss.

Town

County

Died at

Fredericks

Goodtr.

MARYLAND

Date 1902

Month Day

9-3

Age

44 - -

Y. M. D.

Native of

Occupation

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

Husband
of

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

2 Months

Accident, Suicide, Homicide

Reported by

A. T. Rice & Louis:

Address

190 N. Market

St

Funeral Directors

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Interment Sept 5th
" At Greenwood
A. J. Rice & Son's

No doctor in attendance
for the past month.

Name In Full

Certificate of Death

Lillie Alma Hall

Town

County

Died at

McKinz

Frederick

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

9

28

Age

1

Md

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~~~Number of children living~~Husband
of
WifeFather's
Name

William Hall

Mother's

Maiden Name

Lillie Fox

Cause of

Primary

Thrush

How long sick

4 days

Death

Immediate

Meningitis

61

~~Accident, Suicide, Homicide~~

Reported by

J. H. L. L. L.

100

Address

Mt. Pleasant

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|-------------------------------------|--|-------------------------------------|--|--------------------|--|
| Name in Full <i>John A. Hayden</i> | | Town <i>Indians</i> | | County <i>Indians</i> | | MARYLAND | |
| Died at <i>Indians</i> | | Month <i>Sept</i> | | Day <i>26</i> | | Years <i>72</i> | |
| Date of death 190 <i>2</i> | | Month <i>Sept</i> | | Day <i>26</i> | | Age <i>72</i> | |
| Sex <i>Male</i> | | Color or Race <i>White</i> | | Birth-place <i>Alexandria Va</i> | | Months <i>9</i> | |
| Married, Single or Widowed <i>Married</i> | | Occupation <i>Civil Engineer</i> | | Days <i>31</i> | | | |
| Name of Wife or Husband <i>John A. Hayden</i> | | | | Father's Birthplace | | | |
| Mother's Maiden Name | | | | Mother's Birthplace | | | |
| Name of person giving information <i>27</i> | | | | How related to deceased | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|--|--|--|
| Primary <i>Tubercular Phthisis</i> | | How long <i>Four or five years</i> | |
| Immediate <i>General Debility</i> | | How long <i>Four or five months</i> | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician <i>J. B. Johnson</i> | |
| | | Address <i>Indians Md.</i> | |
| Accident or Suicide? | | | |



Charlotte Neel

Town

County

Died at Man Hudson Indiana

MARYLAND

Date 1902 Sept 6 Y. M. D. 5 23 Native of Ind. Occ. Infant

Male ☒ White ☒ Married ☒ Widow ☐ Divorced ☐

Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living

Husband of

Wife

Father's Name George M. Neel Mother's Maiden Name Amy Gresh

Cause of Death { Primary Bronchitis. 90 How long sick 3 or 4 days

Death { Immediate Pneumo pneumonia Accident, Suicide, Homicide -

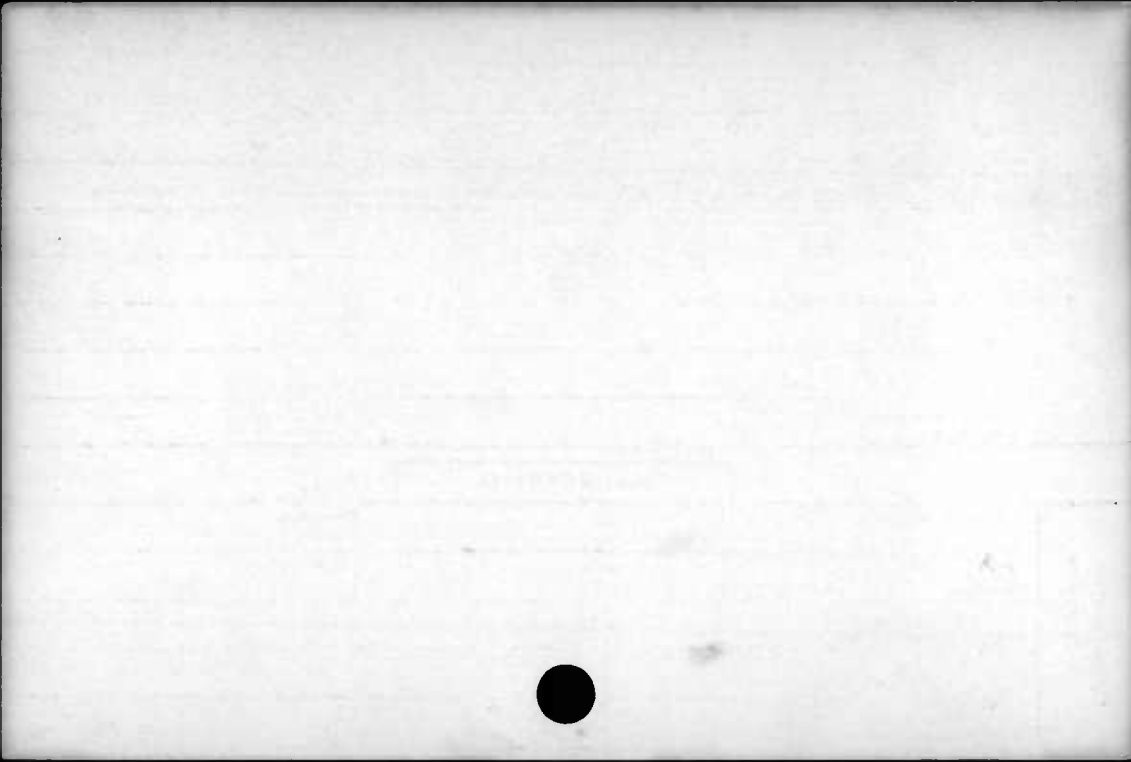
Reported by J. B. Johnson M.D.

Address Indiana Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



| Name in Full | | Charles D. Hildebrand | | | | CERTIFICATE OF DEATH | |
|--|--|-----------------------|-------|------------------------|-------------------------|----------------------|----------------------|
| TO BE ANSWERED BY NEAREST FRIEND | Died at | Rocky Spring | | Baltimore | | MARYLAND | |
| | Date of death 190 | 2 | Sept. | 6 | Age | 27 | Months 10 Days 29 |
| | Sex | Male | | Color or Race | White | | Birth-place Maryland |
| | Married, Single or Widowed | Single | | Occupation Carpenter | | | |
| | Name of Wife or Husband | | | | | | |
| | Father's Name | Frederick Hildebrand | | | | Father's Birthplace | Wid. |
| | Mother's Maiden Name | Delilah Crabbe | | | | Mother's Birthplace | Penn. |
| Name of person giving information | John Hildebrand | | | | How related to deceased | Brother | |
| <div style="text-align: center;">CAUSES OF DEATH</div> | | | | | | | |
| PHYSICIAN OR CORONER | Primary | Spinal Meningitis | | | | How long | Four days |
| | Immediate | Apoplexy | | | | How long | |
| | Are the name, age, sex, color, date and place correctly given above? | yes | | Signature of Physician | S. J. Haffner, Jr. | | |
| | | | | Address | Baltimore, Md. | | |
| Accident or Suicide? <input type="checkbox"/> | | | | | | | |



Name *Kate Jackson*
 Died at *Fredrick* Town *Fredrick* County *MARYLAND*

Date 19 *02* Month *9* Day *2* Y. *36* M. *-* D. *-* Native of *Med* Occupation *Seamstress*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widow ☒ Widower ☐ Divorced ☐ Number of children living *1*

Husband of *Richd Jackson*
 Wife *Emilie Jackson*

Father's Name *Richd Jackson* Mother's Name *Emilie Jackson*
 Maiden Name *Emilie Jackson*

Cause of Death { Primary *Tetanus* Immediate *exhaustion* } How long sick *72* *two weeks*
 Accident, Suicide, Homicide

Reported by *Dr. Wm Crawford Johnson*
 Address *Fredrick Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Intermed at Sept 3rd
" A Government
A. J. Rice & Sons

Mable James

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Sept 12

Age

2

3

0

Female

Colored

Single

~~Widow~~

Divorced

Number of children living

Husband
of

Father's

Name

Charles Wm James

Mother's

Name

Fannie Elizabeth James

Cause of

Primary

Chronic Parenchymatous Nephritis

How long sick

1 Year

Death

Immediate

General Oedema

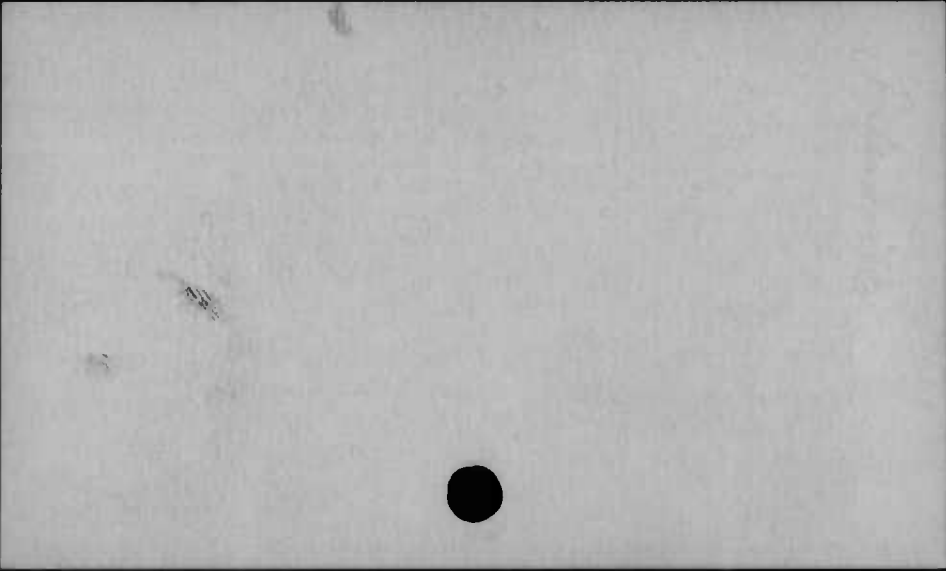
Accident, Suicide, Homicide

Reported by

G. S. Pether
City

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Roy L. Kehur

CERTIFICATE OF DEATH

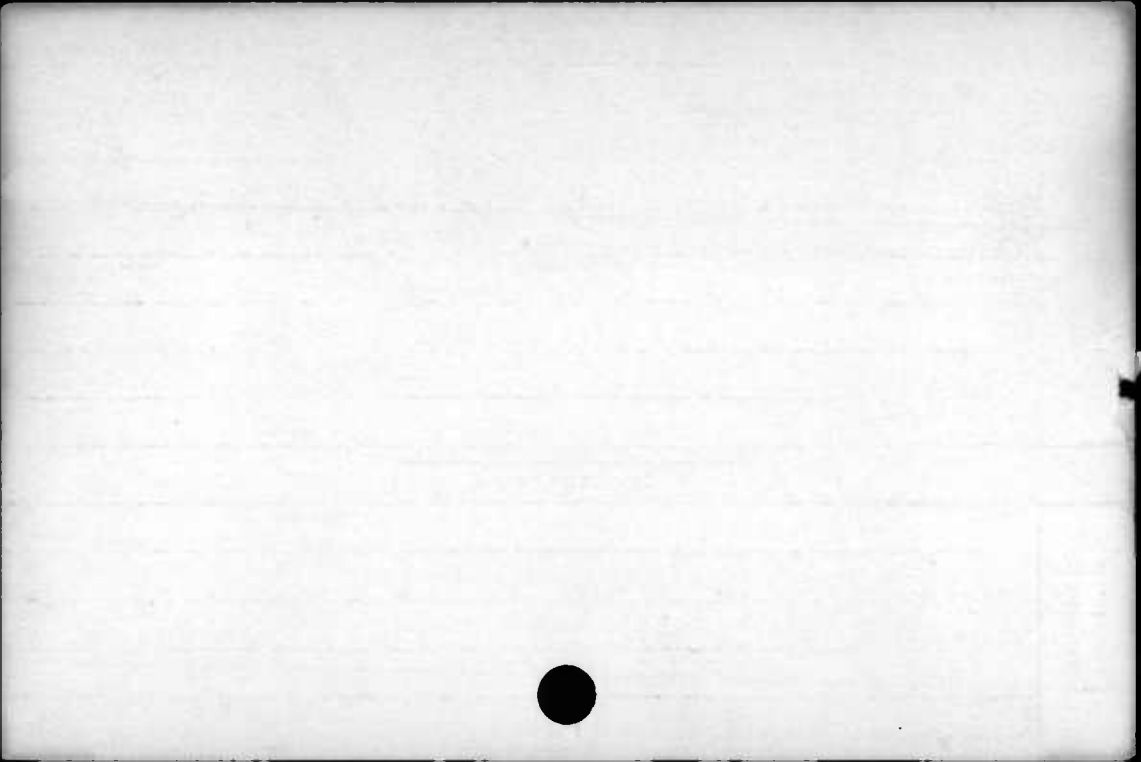
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--|---------------------------|-------------|---------------------------------|-------------|----------|-----------|
| Died at | | Town Frederick | | County Frederick | | MARYLAND | |
| Date of death 1902 | | Month Sept. | Day 19th | Age 20 | Months 8 | | Days 1 |
| Sex Male | | Color or Race White | | Birth- place Md. | | | |
| Married, Single or Widowed | | Single | | Occupation none | | | |
| Name of Wife or Husband | | | | | | | |
| Father's Name Charles Kehur, Dec'd, | | | | Father's Birthplace Md. | | | |
| Mother's Maiden Name | | | | Mother's Birthplace Texas | | | |
| Name of person giving information | | | | How related to deceased | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|--|---|--|
| Primary Heart Disease | | How long about 1 year | |
| Immediate Dropy (ed) Asthenia | | How long 3 wks. | |
| Are the name, age, sex, color, date and place correctly given above? yes | | Signature of Physician S. J. Hefner, M.D. | |
| | | Address Frederick Md. | |
| Accident or Suicide? | | | |



Margaret King

Town

County

MARYLAND

Died at Frederick

Date 1902 9 9 Age 78 5 4 Native of Virginia Occupation Housewife

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

Husband of George King
 Wife

Father's Name William Mathew Mother's Name Elizabeth Taylor

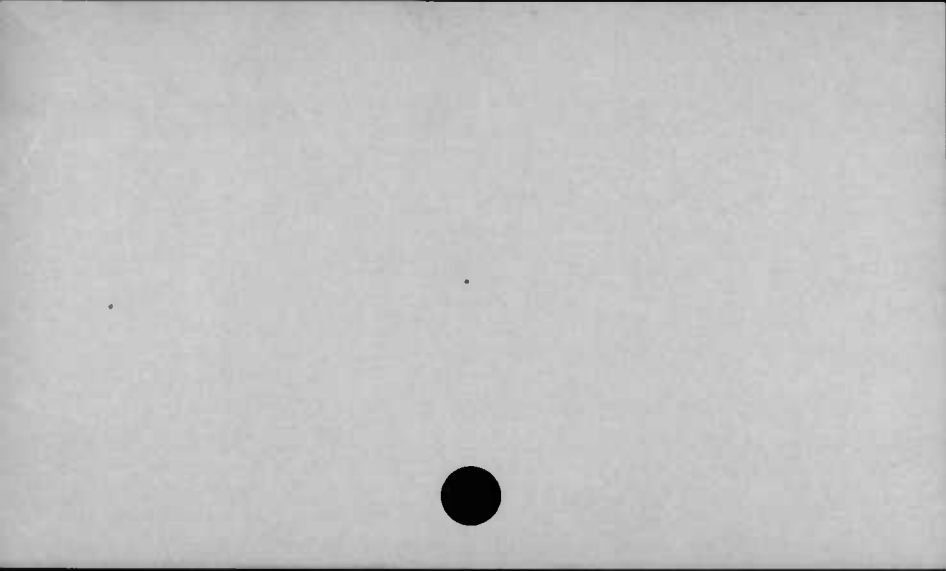
Cause of Death Primary Paralysis of Brain How long sick 54 years

Death Immediate Apoplexy - Accident, Suicide, Homicide

Reported by Franklin Buchanan Smith

Address 64 Cal.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Reiffer Clinton Kinney

Town

County

Braddock

Frederick

MARYLAND

Died at

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

9 19

Age

0 5220

MD

None

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Thomas E Kinney

Mother's

Maiden Name

Florence R Stevens

Cause of

Primary

Cholera Infantum

How long sick

About 10 Days

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

W. G. M. Thomas

Address

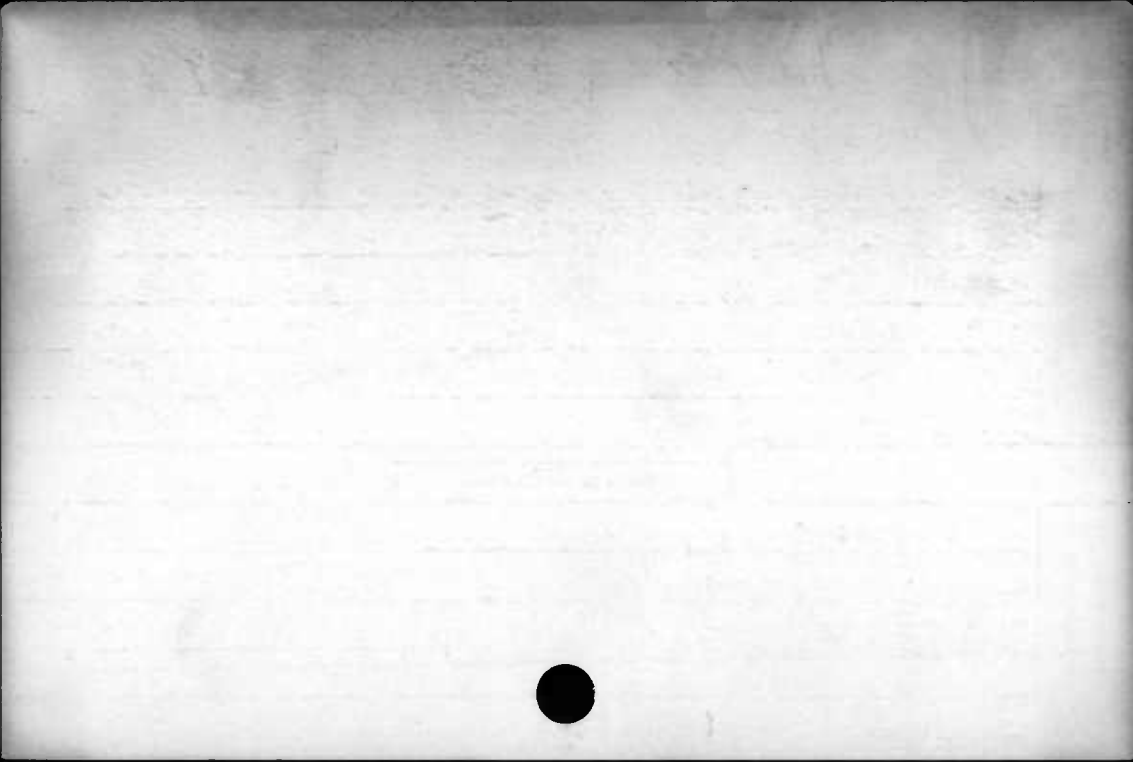
Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



| Name in Full | | Helen Irene Knill | | | | CERTIFICATE OF DEATH | |
|-------------------------------------|--|----------------------------|----------|-------------------------------------|-------------------------|----------------------|-------------|
| TO BE ANSWERED BY NEAREST FRIEND | Died at | Araby ^{Town} | | Frederick ^{County} | | MARYLAND | |
| | Date of death 190 | 2 | Sept. | 27 | Age | 3 | Months |
| | Sex | Female | | Color or Race | White | | Birth-place |
| | Married, Single or Widowed | Single | | Occupation | | — | |
| | Name of Wife or Husband | | | | | | |
| | Father's Name | | | | Father's Birthplace | | |
| | Mother's Maiden Name | | | | Mother's Birthplace | | |
| | Name of person giving information | | | | How related to deceased | | |
| | | <div>CAUSES OF DEATH</div> | | | | | |
| PHYSICIAN OR CORONER | Primary | Overlaid | | | | How long | |
| | Immediate | Suffocation | | | | How long | |
| | Are the name, age, sex, color, race and place correctly given above? | | yes | | Signature of Physician | | |
| | Accident or Suicide? | | Accident | | Address | | |
| | | | | S. P. Knill, M.D. Frederick, Md. | | | |





Name In Full

Certificate of Death

Catharine M. Leonard

Town

County

Died at

MARYLAND

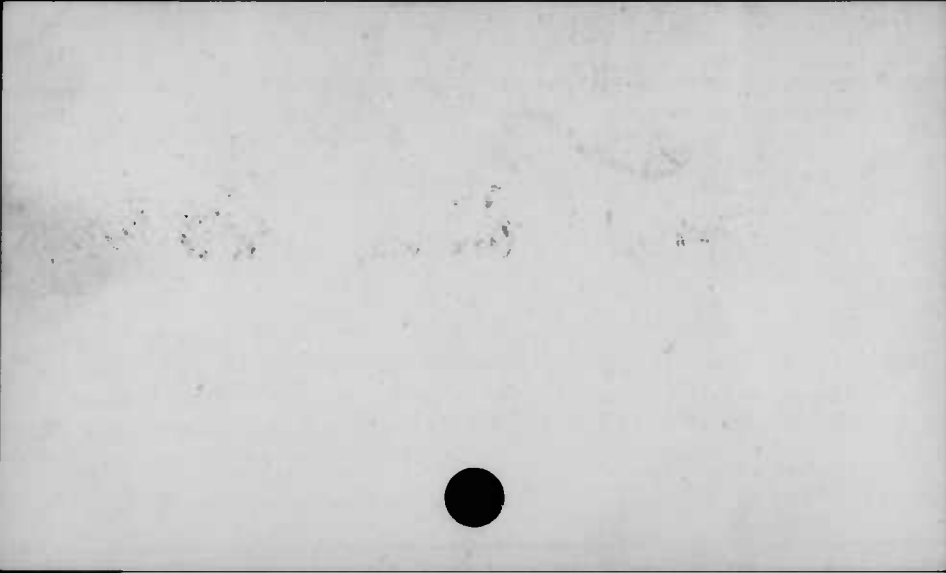
Date 1902 Sept 27 78 12 House work
 Month Day Y. M. D. Native of Occupation
~~Male~~ White ~~Married~~ Widow ~~Divorced~~
 Female Colored Single Widower Number of children living

Husband of D. H. Leonard
 Wife C. M. Leonard Widow 3 children
 Father's 154 154 154 154
 Name 154 154 154 154

Cause of General Debility How long sick 3 days
 Primary
 Death Immediate Accident, Suicide, Homicide

Reported by T. Clyde Houtson M. D.
 Address Buckeyston Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Michael Lippy
 Died at ^{Town} Johnsville ^{County} Frederick MARYLAND

Date 1902 ^{Month} Sept ^{Day} 8 ^{Y.} 58 ^{M.} — ^{D.} — ^{Native of} Md ^{Occupation} Farmer
 Male White Married — — — —
 Number of children living 8

Husband of Ella Lippy 47
 Father's Name — Mother's Name —
 Maiden Name —

Cause of Primary Acute Rheumatism How long sick 12 days
 Death Immediate Mitral Insufficiency ~~Accident Suicide Homicide~~

Reported by Dr. J. L. Fair
 Address Union Bridge

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Johnathan C. Main

Town

County

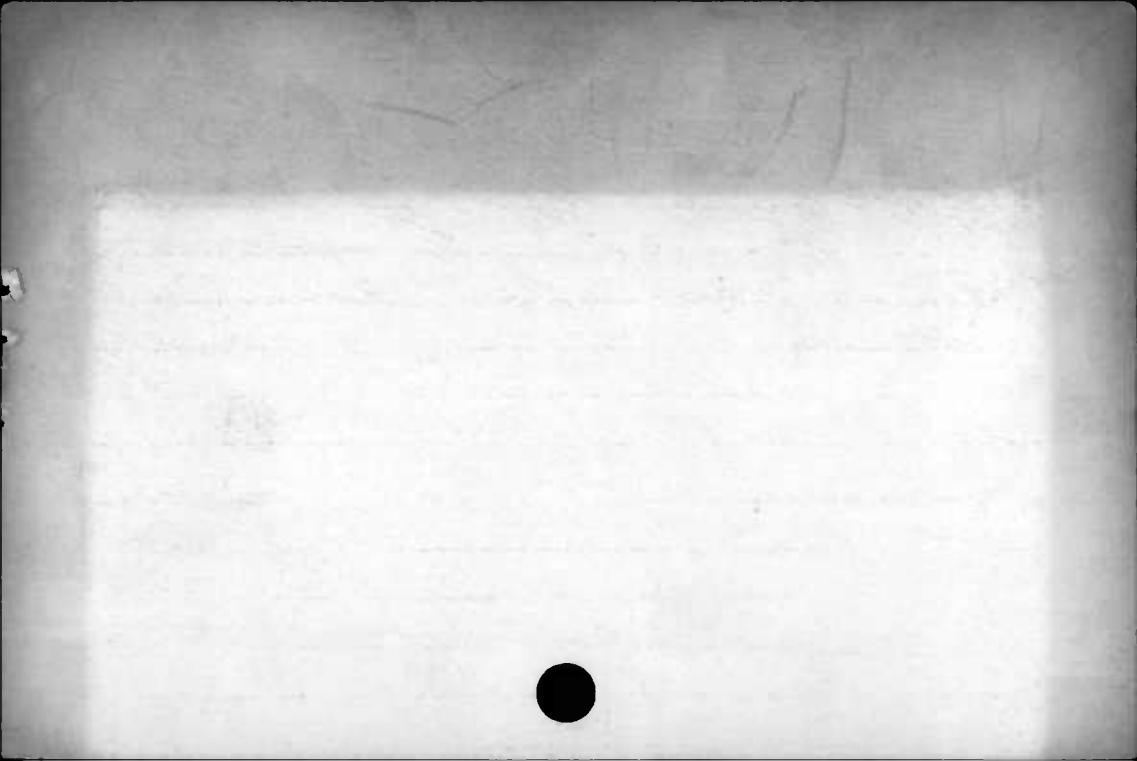
MARYLAND

| | | | | | |
|---|----------------------------|------------------|---|--------|------|
| Died at <u>Frederick</u> | | <u>Frederick</u> | | | |
| Date of death 190 <u>2</u> | Month <u>sep</u> | Day <u>24</u> | Years <u>75</u> | Months | Days |
| Sex <u>Male</u> | Color or Race <u>white</u> | | Birth-place <u>Frederick Co</u> | | |
| Married, Single or Widowed <u>Married</u> | Occupation <u>Farmer</u> | | | | |
| Name of Wife or Husband <u>Cornelia A. Main</u> | | | | | |
| Father's Name <u>David Main</u> | | | Father's Birthplace <u>Frederick Co</u> | | |
| Mother's Maiden Name <u>Sarah Wise</u> | | | Mother's Birthplace <u>"</u> | | |
| Name of person giving information <u>Cornelia A. Main</u> | | | How related to deceased <u>Widow</u> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <u>Typhoid fever</u> | How long <u>3 weeks</u> |
| Immediate <u>Pneumonia</u> | How long <u>4 days</u> |
| Are the name, age, sex, color, date and place correctly given above? <u>yes</u> | Signature of Physician <u>M. Goodman M.D.</u> |
| | Address <u>Frederick, Md.</u> |
| Accident or Suicide? | |



Miranda M. Daniel

Town

County

Died at Libertytown Ind. K.

MARYLAND

Date 1902 9. 1. Y. 84. M. 6. D. 3. Native of Libertytown Occupation Housewife

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband or

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Intestinal Indigestion

How long sick

several months

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

Address

Ernest H. Beall, M.D.

Libertytown Md.



Name In Full

Certificate of Death

Wm Henry Myers
 Died at *near LeGans* Town *Frederick* County

MARYLAND

Date *1802* *Sept* *20* Month Day Y. M. D. Age *67.1.4* Native of *Id* Occupation *Rel Sveden*
 Male ☒ Female ☒ White ☒ Colored ☒ Married ☒ Single ☒ Widower ☒ Divorced ☒ Number of children living *7*

Husband of *Mary Fogle*
 Wife *Samuel Myers*

Father's Name *Samuel Myers* Mother's Name *Don't know*

Cause of Death Primary *Rheumatism* How long sick *Several months*
 Immediate *Pleury* *47* OVER
 Accident, Suicide, Homicide

Reported by *J. H. Shaville*

Address *Wicliston* *Id*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. R. H. Hammel
Novelsburg

Seen by Coroner _____
of _____

Information contained in this certificate re-
ceived from _____

of D. S. Sharpe
Novelsburg, Kentucky
W. C.

Name In Full

Certificate of Death

Mary Ann Nelson

Died at ^{Town} Bartholomew ^{County} Frederick

MARYLAND

Date 1902 ^{Month} Sep ^{Day} 13 ^{Y.} 5 ^{M.} 5 ^{D.} 11 ^{Native of} Md ^{Occupation} house wife~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

7

Husband of Basil P Nelson

108

Father's Name Joseph Arthur

Mother's

Maiden Name

Eliza R Arthur

Cause of Primary Intestinal Occlusion

How long sick

6 days

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

R. Gaudin

Fent M D.

Address

Barnesville

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Emanuel Meyer

Town

County

MARYLAND

Died at

Thurmont

Frederick

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

9 20

Age 68 11 2

State

Retired

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

8

Husband

of

Sarah Shrager

~~Wife~~

Father's

Mother's

Name

Emanuel Meyer

Maiden Name

66

Cause of

Primary

Cerebral Paralysis

How long sick

1 month

Death

Immediate

Asthma

Accident, Suicide, Homicide

Reported by

Mrs. Arthur M.D.

Address

Thurmont, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Sarah Ellen Nicholson

Town

County

MARYLAND

Died ~~new~~ 26 Urbana Frederick

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Sept-3

Age

26.4.8.

U.S.A.

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband
of

Wife

Father's

Name

Ed. H. Nicholson

Mother's

maiden Name

Caroline Andrews

Cause of

Primary

Typhoid Fever -

How long sick

Two weeks

Death

Immediate

Collapse

~~Accident, Suicide, Homicide~~

Reported by

E. E. Mullins - U.S.A.

Address

Urbana. Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date 1902

Town

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Male

~~Female~~~~Married~~~~Widow~~~~Divorced~~

Colored

Single

~~Widower~~

Number of children living

Husband

Father's

Mother's

Name

Maiden Name

Cause of

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister

LIBRARY BUREAU, 79008



Name In Full

Certificate of Death

Charles A. Roelker

Died *on* *Puma RR near Frederick City* *Prinl.* *MD.* MARYLAND

Month Day Y. M. D. Native of Occupation

Date 19 *22* *Sept.* *6* Age

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Mother's

Name Maiden Name

166

Cause of Primary *Struck by train on Pa RR.* How long sick

Death Immediate Accident, ~~Suicide~~, Homicide

Reported by

C. H. Eckstein, Jr.
Acting Coroner.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Entered in Ant.
Christ Cemetery.

Name In Full

Certificate of Death

Sarah A. Rorkley

Town

County

Died at

Induser

Frederick

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Sph. 9

Age 85.

Germany

~~Male~~

White

~~Married~~

Widow

Divorced

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Six

Husband of

Wife

Father's

Name

Mother's

Maiden Name

C. F. W. Rorkley

x 154

Cause of

Primary

General Debility

How long sick

A few min.

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

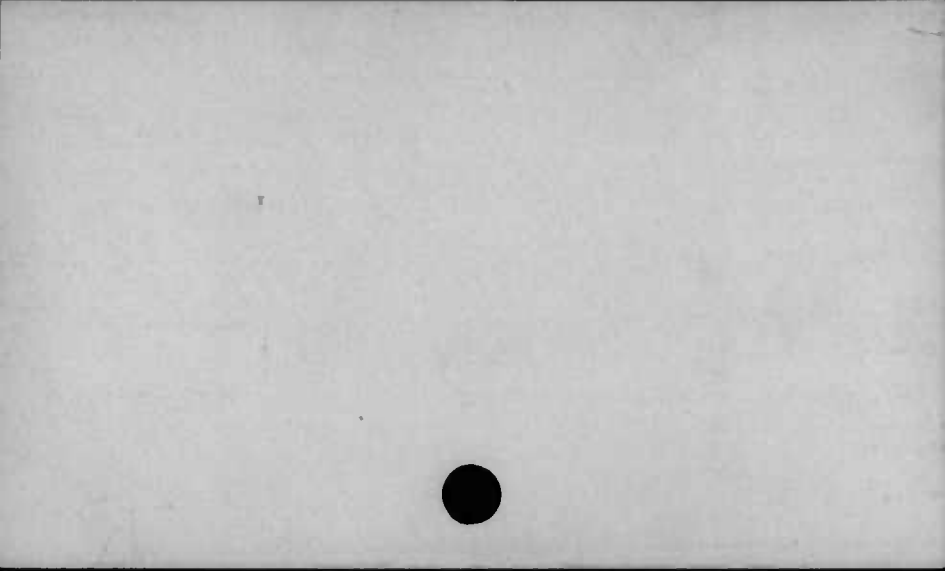
J. B. Johnson M.D.

Address

Induser Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79869



George Henry Roudsahn
 near ^{Town} Middletown County ^{Frederick} Maryland

Died at
 Date 1902 ^{Month} Sep ^{Day} 5 ^{Y.} 74 ^{M.} 1 ^{D.} 15 ^{Native of} Md ^{Occupation} Farmer
 Male White Married ~~Widow~~ ~~Single~~
 Female ~~Colored~~ ~~Single~~ ~~Widow~~ Number of children living 7

Husband of Mary Elizabeth Baer
 Father's Name Jacob Roudsahn Mother's Name Catherine Shoemaker

Cause of Death { Primary Cerebral Hemorrhage
 Immediate Respiratory Failure
 How long sick 7 days
 Accident, Suicide, Homicide

Reported by Dr. H. J. Freeman, M.D.
 Address Widdersville, Md.



Name in full

Certificate of Death

George W. Sullivan

Died at

Jefferson

Fredrick

MARYLAND

Date

1902

Sept

11

Age

69

Co

Occupation

Male

White

Married

~~Widow~~

Divorced

~~Female~~

~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Name

Cause of

Primary

Struck by Engine on RR.

How long sick

Death

Immediate

Spoken

Accident, ~~Suicide~~, Homicide

Reported by

W. J. McCurdy 1166

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Elizabeth Snyder
 Died at *Frederick* Town *Frederick* County *MARYLAND*
 Date 1902. *Sept.* Month *14* Day *Y. M. D.* Age *Seventy eight* Native of *Ind.* Occupation *Housekeeper*
~~Male~~ White Married ~~Widow~~ Divorced
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

10 days

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79B93



Joseph Vernard Stanton

Town

County

MARYLAND

Died at *Frederick* *Frederick*

Date 1902 *Sept* *22* | Age *19* | *md*
 Male *White* Married *Widow* *Divorced*
 Female *Colored* Single *Widower* *Number of children living*

Husband
of

Wife

Father's Name *John Stanton* Mother's Maiden Name *Harriet Robinson*

Cause of Death { Primary *Catarrhal Pneumonia* How long sick *About four weeks*
 Immediate *Heart Exhaustion.* *Accident, Suicide, Homicide*

Reported by *R. T. Lyson, M.D.* *92*

Address *Frederick Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Charles Carroll Steiner

Town

County

Died at

*Teffron**Fredrick*

MARYLAND

| Date | 1902 | Month | Day | Age | Y. | M. | D. | Native of | Occupation |
|-------------------|------|--------------------|-----------|--------------------|-----------|---------|----|---------------------------|------------|
| | | <i>Sept</i> | <i>28</i> | <i>4</i> | <i>27</i> | | | <i>Fredrick County</i> | <i>—</i> |
| Male | | White | | Married | | Widow | | Divorced | |
| Female | | Colored | | Single | | Widower | | Number of children living | |

Husband of

Wife

Father's

Name

George J. Steiner

Mother's

Maiden Name

Jane S. Herring

Cause of

Primary

Obstruction of the bowels.

How long sick

3 days

Death

Immediate

Acute condition leading to thrombosis~~Accident, Suicide, Homicide~~

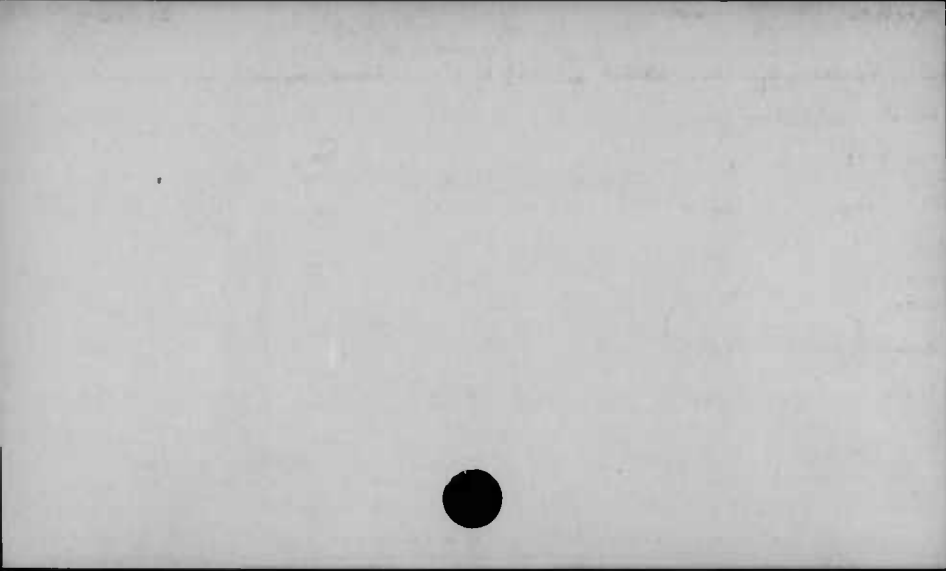
Reported by

Charles Carroll Steiner, M.D., 108

Address

Teffron, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Jacy Snell Stewart -

Town

County

Died at Brunswick & Maurick MARYLAND

Date 1902 Sept 13 Y. M. D. 2 8 American Occupation none

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband
of
Wife

Father's Name John Stewart -

Mother's Name Maggie C Scott

Cause of Primary Diarrhea

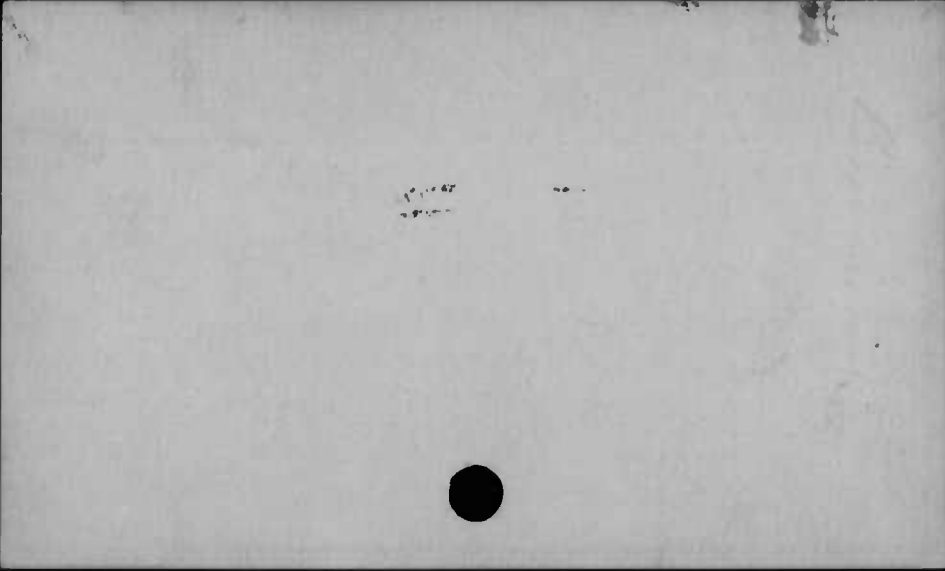
How long sick 1 month

Death Immediate

Accident, Suicide, Homicide

Reported by C. H. Heeb & Bro. Funeral Directors

Address Brunswick Md



Laura W. Smeadner.

Died at *Liberty* Town *Fredrick* County *MARYLAND*
 Date 1902. *Sep 17th* Month *Y.* *3* M. *19* D. *Fred Co* Native of *Housewife* Occupation
 Male *White* Married *Widow* ~~Divorced~~
 Female *Colored* Single *Widower* Number of children living *7*

Husband of *Richard D. Smeadner*
 Wife *William Keeney* Father's Name *Mother's* *Karab Eagle* Maiden Name

Cause of { Primary *Catarrh of Stomach* How long sick *3 months*
 Death { Immediate *Heart-failure* ~~Accident, Suicide, Homicide~~

Reported by *J. Thomas* *104*

Address *Liberty town Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

William Thomas

Died at ^{Town} Liberty town^{County} Indeniesk

MARYLAND

Date 1902 ^{Month} Sept ^{Day} 2 ^{Y.} ^{M.} ^{D.} 13 ^{Native of} County ^{Occupation} —

~~Male~~ ~~Female~~ ~~White~~ ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband
of
Wife

Father's Name William Rice Mother's Name May Thomas

Cause of Death { Primary — Unknown How long sick 12 hrs

Death { Immediate Aphysicia Accident, Suicide, Homicide

Reported by Dr. B. Stone

Address Liberty town Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 22067



Name In Full

Certificate of Death

Died at

Date 1902

Male

Female

Husband
of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

James G. Sopper

Town

Frederick

County

Frederick

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

Widow

Divorced

Number of children living

6

Other

White

Colored

Single

Widow

Number of children living

6

Other

White

Colored

Single

Widow

Number of children living

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Other

White

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Number of children living

6

Other

White

Interment Sep 28

" at St Johns

H. F. Rice & Sons

Name In Full

Certificate of Death

Arthur T. Turner

Town

County

MARYLAND

Died at

Frederick

Frederick

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

9-16

Age

11

X

29

Ind

S. boy

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

5

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Henry Turner

Rosa Heights

Cause of

Primary

Malaria Fever

How long sick

8 weeks

Death

Immediate

Exhaustion

4

~~Accident, Suicide, Homicide~~

Reported by

M. Long

Address

37 E. Patrick

St

Frederick

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Ind

LIBRARY BUREAU, 75858



Name in Full

Certificate of Death

Raphael A. Wetzel

Town

County

Died at

Mt. St. Marys

Frederick

MARYLAND

Date 19

02

Month

Day

9-20

Age

9

Y.

M.

D.

Native of

Md

Occupation

Female

White

~~Married~~~~Widow~~~~Divorced~~~~Single~~~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Samuel Wetzel

Mother's

Maiden Name

Perpetua Knott

Cause of

Primary

Death

Immediate

Consumption

How long sick

4 months

~~Accident, Suicide, Homicide~~

Reported by

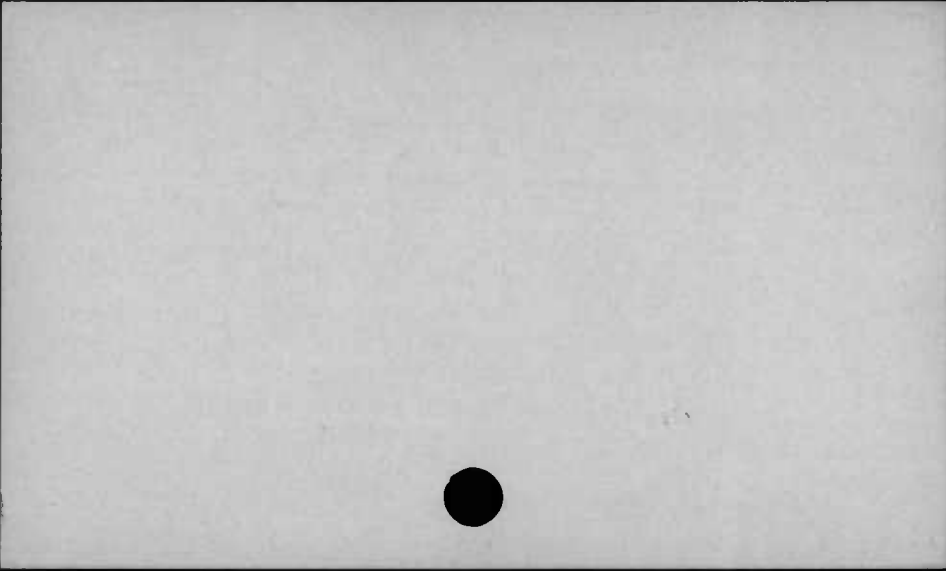
W. H. Shuff Undertaker

Address

Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 700000



Died at

Date 19

02

Male

~~Female~~

Town

Thurmont-

County

Frederick

MARYLAND

Month

9

Day

19

Y.

M.

D.

3 19

Native of

Co

Occupation

Age

~~Married~~

Single

~~Widow~~~~Widower~~~~Divorced~~

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

How long sick

Cause of

Primary

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Blanch A Wolf

Town

County

Died at

Middleton

Frederick

MARYLAND

| Date | Month | Day | Y. | M. | D. | Native of | Occupation |
|--------|-------|------------------|----|---------|----|---------------------------|------------|
| 1902 | Sep | 24 th | 8 | 6 | 21 | Maryland | |
| Male | | White | | Married | | Widow | |
| Female | | Colored | | Single | | Widower | |
| | | | | | | Number of children living | |

Husband
of
WifeFather's
NameMother's
Name

Franklin E Wolf

Frances Wolf

Cause of

Primary

Broncho Pneumonia

How long sick

9 1/2 days

Death

Immediate

Suffocation

Accident, Suicide, Homicide

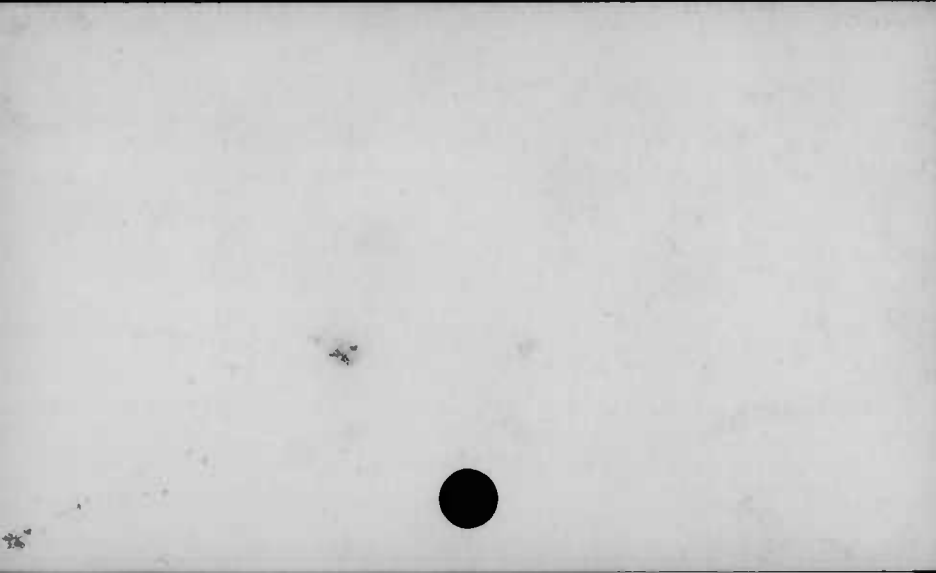
Reported by

Levois Lamar M.D.

Address

Middleton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Unknown White Man

Town

County

Died at

Dunsmuir

Frederick

MARYLAND

Date 19 02

Month

Day

Y.

M.

D.

Native of

Occupation

9. 17

Age

Married

Widow

Divorced

Number of children living

Male

White

Colored

Single

Widower

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accidentally Killed

Accident, Suicide, Homicide

Reported by

Address

John L. Jordan Acting Coroner
Dunsmuir Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

